

**FORM
5**Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

2517261

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 69175

4. Contact Name: LARRY ROBBINS

2. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION

Phone: (303) 860-5822

3. Address: 1775 SHERMAN STREET - STE 3000

Fax: (303) 860-5838

City: DENVER State: CO Zip: 80203

5. API Number 05-123-31471-00

6. County: WELD

7. Well Name: Bijou

Well Number: 24-19D U

8. Location: QtrQtr: SENW Section: 19 Township: 5N Range: 63W Meridian: 6

Footage at surface: Distance: 2480 feet Direction: FNL Distance: 1338 feet Direction: FWL

As Drilled Latitude: 40.385170 As Drilled Longitude: -104.484030

GPS Data:

Data of Measurement: 09/05/2010 PDOP Reading: 1.2 GPS Instrument Operator's Name: HOLLY L. TRACY

** If directional footage at Top of Prod. Zone Dist.: 655 feet. Direction: FSL Dist.: 1972 feet. Direction: FWL

Sec: 19 Twp: 5N Rng: 63W

** If directional footage at Bottom Hole Dist.: 648 feet. Direction: FSL Dist.: 1979 feet. Direction: FWL

Sec: 19 Twp: 5N Rng: 63W

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 06/08/2010 13. Date TD: 06/12/2010 14. Date Casing Set or D&A: 06/14/2010

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7202 TVD** 6739 17 Plug Back Total Depth MD 7144 TVD** 6681

18. Elevations GR 4557 KB 4571

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CBL, CNL/CDL, DUAL INDUCTION

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8		0	1,261	820	0	1,261	CALC
1ST	7+7/8	4+1/2		0	7,165	165	6,150	7,165	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	2ND		750	1,000	6,150

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	6,764		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,010		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,033		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: LARRY ROBBINS

Title: REGULATORY Date: 10/7/2010 Email: LROBBINS@PETD.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2517265	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2517266	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
2517261	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)